

OFFICE USE ONLY

Licensing specialist: _____

STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
OFFICE OF CHILD CARE LICENSING (OCCL)

**FAMILY CHILD CARE HOME
RENEWAL LICENSE APPLICATION**

**Please print
all responses.**

Date received: _____

License number: _____ License expiration date: ____/____/____

SECTION A – Identification

Applicant name: _____ Date of birth: _____ Race: _____

Alias, maiden, or married names this person has used: _____

Location address: _____
(street) (city) (county) (state) (zip)

Applicant cell phone #: _____ Location phone #: _____

Email address: _____ Fax #: _____

Entity Information (optional)

The “entity” is the LLC or corporation that is responsible for and has authority over the operation of the facility. If there is an entity, the applicant must still have responsibility for the facility, reside in the facility, provide the child care, and control the space. If there is no entity, check “individual” and leave the rest of this section blank. For family homes, the entity is usually an individual or an LLC.

Entity name: _____ Entity type: ☐ Individual ☐ Corporation
☐ Limited liability company (LLC)

Doing business as/facility name: _____

Entity address: _____
(street) (city) (state) (zip)

1. If the entity is an LLC, provide on a separate page a name, address, and phone number for the managing member.
2. If the entity is a corporation, provide on a separate page a name, address, and phone number for each corporate officer.

SECTION B – Additional Information

Household member(s) (other than the applicant, anyone staying in the home for more than 30 days within a year)

Full name	Alias, maiden, or married names this person has used	Date of birth	Race	Gender
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Substitute(s)

Full name	Alias, maiden, or married names this person has used	Date of birth	Race	Gender
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SECTION B – Additional Information, continued

CHU contact

Please provide a contact person and email to receive the fingerprinted background check results from the Criminal History Unit (CHU). The results will contain confidential information about each person's eligibility for employment or to reside at a licensed child care facility.

CHU contact name: _____ Email: _____

SECTION C – Current Enrollment

[illegible]

SECTION D – Program Information

Do you anticipate a change in the location or type of care provided in the next 12 months? ☐ Yes ☐ No

If “yes,” what is the anticipated change?

Hours of operation
 _____ a.m. — _____ p.m. or a.m. (circle one)

Days of operation

Months of operation
January to December

_____ a.m. – _____ p.m. or a.m. (circle one) ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su

☐ January to December

August to June

to

Ages of children accepted

(Use “kindergarten” for 5-year-olds attending kindergarten. Otherwise, use exact ages.)

Example: From 6 weeks to 12 years

From _____ to _____

Program components

☐ Purchase of Care Transportation: ☐ field trips ☐ daily ☐ other

☐ Food program (CACFP) agency: ☐ Other (specify):

SECTION E – Certification and Signature

- I have read, understand, and will follow *DELACARE: Regulations for Family and Large Family Child Care Homes*.
- I understand that the Department of Services for Children, Youth and Their Families, Office of Child Care Licensing, is required under Delaware law to make a thorough investigation to determine the good character and intention of the applicant or applicants, that the individual home or facility meets the physical, social, moral, mental and educational needs of the average child, whether the regulations and requirements of OCCL are properly met, and that the required criminal background checks are completed and approved. That may consist of announced or unannounced on-site review of the program and contacting of references submitted as well as other persons or agencies that may have information pertinent to making the determination that the applicant has met the requirements for licensing.
- I certify that to the best of my knowledge the applicant, substitutes, and household members do not have any conviction, current indictment, or substantial evidence of involvement in any criminal activity involving violence against a person; child abuse or neglect; possession, sale, or distribution of illegal drugs; sexual misconduct; gross irresponsibility or disregard for the safety of others; or serious violation of accepted standards of honesty or ethical behaviors. I further certify if I have knowledge of any convictions, indictments, or substantial evidence involving any of the persons cited above, I will promptly notify OCCL.
- I certify that I have notified OCCL of any applicant, substitute, or household member, if applicable, known to me to have lost custody of their own child or any child placed in their care; been diagnosed or under treatment for any serious mental illness; or a current or former addiction to drugs or alcohol.
- I agree that identifying information, including my name, address, and contact information, license status, enforcement action, non-compliances, and substantiated complaints will be made available to the public through a variety of means, including via the OCCL website.
- I agree to comply with all federal, state, and local laws and regulations.
- I certify that to the best of my knowledge all information I have given to OCCL is true and correct. I will continue to supply true and correct information. Submitting false information or failing to provide complete information when requested may result in warning of probation, probation, suspension, revocation of the license, or denial of a license application.

Signature of applicant from page 1

Date

STATE OF DELAWARE)
 : SS
COUNTY OF _____)

Signed and attested before me this _____.

Signature of notarial officer

Print name

(seal)